

DISTRICT OF COLUMBIA

LEAD-BASED PAINT MANAGEMENT PROGRAM

ACCREDITATION

OF

TRAINING PROVIDERS / COURSES

APPLICATION BOOKLET

August 2005

GOVERNMENT OF THE DISTRICT OF COLUMBIA

**Department of Health
Environmental Health Administration**

Lead-Based Paint Management Program

Bureau of Hazardous Material
and Toxic Substances



August 25, 2005

Dear Training Provider:

The Lead-Based Paint Abatement and Control Amendment Act of 2004, effective April 12, 2005 (D.C. Law 15-347; 52 DCR 2627 (2005) (to be codified in D.C. Official Code §§ 8-115.01 to 8-115.14)), made major changes in the District's lead laws.

D.C. Official Code § 8-115.06 outlines the accreditation requirements for lead-based paint training providers. The District of Columbia's Lead-Based Paint Management Program encourages training providers to seek District accreditation for lead-based paint training courses. All training courses given in the District must be accredited and in compliance with the District's Lead-Based Paint Abatement and Control Act, which regulates the work practice standards for conducting lead-based paint activities in the District. For training courses given outside of the District to be fully accepted as meeting the District's training requirements, the course must be accredited by the District. If the course has not been accredited by the District, it may only be considered as partially meeting training requirements under reciprocity, and a candidate for certification in the District would still be required to take a District-accredited refresher course before becoming eligible to take the District's third party exams for certification.

The District's Lead-Based Paint Management Program includes all disciplines: Inspectors, Risk Assessors, Supervisors, Project Designers, and Abatement Workers. The Abatement Workers courses may be accredited for both English and Spanish course offerings. Training providers are also encouraged to offer the new Dust Sampling Technician course, the Maintenance Training course, and the Renovation, Remodeling, and Painting course. Students seeking licensing/certification in the District who are taking or have taken courses that are unaccredited by the District are spending money for courses that may not fulfill District training requirements. Training providers advertising such course offerings as meeting District requirements may be subject to enforcement action.

Copies of the District's Lead-Based Paint Application Booklets are enclosed for your information and use in tailoring course offerings to include District-specific regulations and requirements, should you wish to seek District accreditation. Application forms are also included. Fees are not imposed for accreditation of nonprofit or D.C. Government training programs. If you have any questions, please do not hesitate to contact this office at (202) 535-1934 between the hours of 8:30 a.m. to 4:30 p.m., Monday through Friday (except holidays), or contact our Lead HOTLINE on 1-877-338-0364. We look forward to working with you.

Sincerely,

Robert Hamilton, Ph.D.
Interim Program Manager
Lead-Based Paint Management Program

Enclosure
RH/ca

DISTRICT OF COLUMBIA ACCREDITATION, CERTIFICATION, TESTING, NOTIFICATION, AND PERMITTING REQUIREMENTS

Rev. June 2005

LEAD ABATEMENT TRAINING COURSE HOURS		
		COMMENTS
Inspector (hands-on)	24 hours 8 hours	Certification Fee: \$300 per two years
Risk Assessor (hands-on)	16 hours 4 hours (Inspector + 16 hours)	Certification Fee: \$300 per two years
Supervisor (hands-on)	32 hours 8 hours	Certification Fee: \$300 per two years
Project Designer (hands-on)	8 (Supervisor + 8 hours)	Certification Fee: \$300 per two years
Worker (hands-on)	16 hours 8 hours	Certification Fee: \$60 per two years
THIRD PARTY EXAMINATION		
Inspector	Yes	Passing scores of 70 or better are required.
Supervisor	Yes	Passing scores of 70 or better are required.
Risk Assessor	Yes	Passing scores of 70 or better are required.
Project Designer	No	Third party exam is not required.
Worker	No	Third party exam is not required.
PHOTO ID'S FOR CERTIFICATION		
Individual Disciplines	Yes	Photos are taken at time of in person application unless permission is granted for nonstandard application.
Business Entity: (Contractor/Consultant)	No	Certification Fee: \$300 per year
INSURANCE LIABILITY		
Risk Assessor	Yes	Required.
Business Entity	Yes	Required at permitting for contractors and at certification for consultants and firms and if performing clearance testing.
NOTIFICATION AND PERMITTING		
Notification /Permit Application	At least seven (7) business days before starting work.	Permit fee: \$40 plus 3% of abatement costs.
DEFINITION OF LEAD-BASED PAINT & FREQUENTLY ASKED QUESTIONS		
Definition of "lead-based paint"	Any paint or surface coating containing lead or lead in its compounds in any quantity exceeding 0.5% of the total weight of the material or more than seven-tenths of a milligram per square centimeter (0.7 mg/cm ²).	
Clearance Levels	Lead in dust: 40 µg/ft ² for floors, 250µg/ft ² for interior window sills, and 400 µg/ft ² for window troughs. Soil hazard levels: 400 ppm or greater in play areas; 1200 ppm in the rest of the yard (non play areas).	
For individual disciplines, must an applicant seeking reciprocity from another EPA Region III State take a Refresher Course from a D.C. Accredited Training Provider in order to get certified in D.C.?	Yes. If applicant has not received training from a D.C. accredited provider, then a D.C. refresher course will be required.	
For the individual disciplines, inspector, supervisor, & risk assessor, must an applicant certified from another EPA Region III State take a 3 rd Party Exam from a District of Columbia Exam Provider as part of getting certified in D.C.?	Yes. The two-part discipline exam and the D.C. specific exam are required. If it is determined that an applicant's initial exam is equivalent to D.C.'s core exam, then only the D.C. specific exam would be required.	

Instructions for Completing the Lead-Based Paint Training Provider Application

Disclosure Notice

As a prospective District of Columbia accredited training provider, you are required by District Law to provide accurate information in seeking lead-based paint training accreditation in the District. False or inaccurate information could jeopardize your training provider accreditation and subject you to penalties.

I. General Applicant Information

Please supply the official name of your company as it appears in your Articles of Incorporation or business license. Your mailing address should include a physical site where your business is housed or conducted, and where you receive your official mail. Please indicate by a check mark the classification of type of company or business: corporate, individual, or partnership. If there is a different address than indicated in the initial mailing address, please supply an alternate location, which includes the city, state, and zip code. If your company is incorporated, please indicate the state in which it is incorporated and the assigned corporation number.

II. Training Manager Information

A training manager's experience and training should conform to the requirements for training managers as outlined in the United States Environmental Protection Agency rules and regulations governing lead-based paint training and certification.

III. Application Information (as identified in Section I above)

The information requested in Section III pertains to the information that you supplied in Section I. You are also requested to provide information as to whether you have been accredited in other states or municipalities to conduct lead-based paint training, or whether you retain affiliation with other organizations that have been accredited to perform lead-based paint training. You should list courses for which you have been accredited to provide training.

IV. Applicant's History of Legal Actions

If you or your company or any individual identified in this application has been the subject of, or has pending disciplinary or enforcement actions against them, including suspensions, revocations, citations, or violations issued by a governmental or regulatory agency. These agencies include the United States Occupational Safety and Health Administration (OSHA), United States Environmental Protection Agency (USEPA), District of Columbia Department of Consumer and Regulatory Affairs (DCRA), the District of Columbia Department of Health (DOH) or other established regulatory entities. You must provide accurate requested information in response to the questions in this application.

V. Applicant Statement and Signature

As an applicant, you are affirming that the information that you have supplied is true and accurate to the best of your knowledge. If you have provided false or misleading information, you are subject to punishment and/or fines as specified in District of Columbia law. The District may also refuse to accredit your company or courses.

Mail applications to: Department of Health
Environmental Health Administration
Bureau of Hazardous Material and Toxic Substances
Lead-Based Paint Management Program
51 N Street, N.E., 3rd Floor
Washington, D.C. 20002
Attention: Ms. Denise Newton



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Environmental Health Administration
Bureau of Hazardous Material and Toxic Substances
Lead-Based Paint Management Program
51 N Street, N.E., 3rd Floor
Washington, D.C. 20002
Telephone: (202) 535-1934

LEAD-BASED PAINT TRAINING PROVIDER APPLICATION

LPPD Control Number _____

I. General Applicant Information:

[] Government [] Non-profit [] Other, specify _____

Name of Company/Agency: _____ Type of Company: [] Corporate [] Individual [] Partnership

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Is the street address of company/agency different than above address? [] No [] Yes *If yes, provide the street address:*

Street Address: _____ City: _____ State _____ Zip Code: _____

Business Telephone Number: _____ Fax Number: _____ Federal Employer I.D. Number: _____

E-Mail address: _____

Corporation Number (if applicable): _____ Date Incorporated: _____ State Incorporated In : _____

Business License Number(s) with issuing jurisdiction: _____

II. Training Manager Information:

Name: _____ Position and/or Title with Company: _____

Telephone: _____ E-Mail address: _____

Address: _____ City: _____ State: _____ Zip code: _____

III. Applicant Information (As Identified in Section I Above):

How long has the company/agency been in existence? Years _____ Months _____

PAGE 2
LEAD TRAINING PROVIDER APPLICATION

Has applicant's name changed within the past two (2) years? ☐ No ☐ Yes If yes, former name: _____

Is applicant approved by any federal, state, or municipal agency to conduct lead training?

☐ No ☐ Yes **If yes, please attach a list of all approved courses, original date of approval, and name of the approving authority.**

Is applicant is an affiliate or a subsidiary of any other organization(s)? ☐ No ☐ Yes ***If yes, please provide the name(s) and address(es) of related organization(s) and relationship***

Name: _____ Address: _____ Relationship: _____

List all owners, partners, shareholders (10% or more), officers and directors of the company below:

Name: _____	Office or Title Held: _____	% Ownership: _____
_____	_____	_____
_____	_____	_____

IV. *Applicant's History of Legal Actions:*

If you answer "Yes" to any of the following questions, you must provide a detailed statement to fully explain the circumstances and attach the statement to this application.

Has/Is the applicant (identified in Section I) or any persons identified on this application:

- a. Been subject to or has pending any disciplinary action(s), suspension(s), or citation(s) of violation(s) by any governmental agency, including: Occupational Safety Health Administration (OSHA), Environmental Protection Agency (EPA), Department of Consumer and Regulatory Affairs (DCRA) or Department of Health (DOH)? ☐ No ☐ Yes

- b. Been, or is now, subject to any order resulting from any criminal, civil, or administrative proceedings against such company, persons, or parties by any governmental agency? ☐ No ☐ Yes

- c. Been denied any license/certification/approval or had it suspended, modified or revoked by any governmental agency? ☐ No ☐ Yes

- d. Been disbarred, suspended, or disqualified or failed inspection for training by any federal, state, or municipal agency? ☐ No ☐ Yes

- e. Been a defendant in any civil or criminal litigation? ☐ No ☐ Yes

PAGE 3
LEAD TRAINING PROVIDER APPLICATION

V. Applicant Statement and Signature

The information that I have provided in this “Application for Lead-Based Paint Accreditation” is true, accurate, and complete to the best of my knowledge. I certify that I am authorized to sign this application on behalf of the persons listed in this application as the owners, partners, shareholders, officers, and directors of the company that is applying for accreditation as a training provider and/or accreditation of training courses.

I understand that this application is subject to verification, and I agree to provide any additional documentation required to review that application. I also understand that outside sources may be contacted for purposes of verifying the information contained in this application, and I hereby give permission for the disclosure of any information that may be needed to determine the validity of the information that I have provided and/or to determine to eligibility for the accreditation sought. I understand that failure to provide full disclosure of any requested information that may be needed to determine the validity of this application or eligibility for accreditation may result in the rejection of this application. I also understand that completion of this application does not guarantee accreditation as a lead-based paint training provider in the District of Columbia.

Further, I understand that if the Department finds that I have made a false statement or misrepresentation material to the issuance, modification, or renewal of an accreditation, the Department may, after notice and opportunity for hearing, suspend, revoke, modify, or refuse to issue, renew, or restore an accreditation issued under the Lead-Based Paint Abatement and Control Act, D.C. Law 11-221, as amended. The Department may also seek to impose administrative, civil, or criminal penalties under D.C. Law-221. Finally, I understand that under D.C. Official Code § 22-2405, any person convicted of making false statements shall be fined not more than \$1,000, or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing directly or indirectly to any instrumentality of the District of Columbia Government, under circumstances in which the statement could reasonably be expected to be relied upon as true.

Name (Print): _____ Title: _____

Signature: _____ Date: _____



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Environmental Health Administration
Lead-Based Paint Management Program
(202) 535-1934

LEAD-BASED PAINT TRAINING COURSE ACCREDITATION APPLICATION

FOR OFFICE USE ONLY:	Date Received _____	Amount Received \$ _____	Check Number _____	LPPD Control Number _____
	Nonprofit or Govt.: Yes <input type="checkbox"/> No <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Comments: _____			

PROVIDER INFORMATION:

NAME: _____ MAILING ADDRESS: _____ CITY: _____
STATE: _____ ZIP CODE: _____ TELEPHONE NUMBER: _____ FAX NUMBER: _____

FEE SCHEDULE: (These fees are non-refundable)

<u>Category</u>	<u>Initial Fee Amount</u>	<u>Refresher Fee Amount</u>	<u>Miscellaneous Courses and Fees</u>
Inspector	<input type="checkbox"/> \$1,200/yr	<input type="checkbox"/> \$400/yr	Spanish Worker Initial <input type="checkbox"/> \$ N/A
Risk Assessor	<input type="checkbox"/> \$ 800/yr	<input type="checkbox"/> \$400/yr	Spanish Worker Refresher <input type="checkbox"/> \$ N/A
Supervisor	<input type="checkbox"/> \$1,600/yr	<input type="checkbox"/> \$400/yr	Lead-Based Paint Maintenance <input type="checkbox"/> \$ N/A
Project Designer	<input type="checkbox"/> \$ 400/yr	<input type="checkbox"/> \$200/yr	Lead-Based Paint Remodelers <input type="checkbox"/> \$ N/A
Abatement Worker	<input type="checkbox"/> \$ 800/yr	<input type="checkbox"/> \$400/yr	and Renovators
Reciprocity Accreditation	SAME AS ABOVE	SAME AS ABOVE	Dust Sampling Technician <input type="checkbox"/> \$ N/A
Returned Check Fee	\$ 65		
Total Remittance \$ _____ Please make check/money order payable to: The D.C. Treasurer . DO NOT SEND CASH. Within any calendar year, cumulative course accreditation fee shall not exceed \$5,000 for an individual training provider.			

RECIPROCITY INFORMATION: Have you received accreditation from the United States Environmental Protection Agency (EPA) or a State other than the District of Columbia for the course(s) on this application? Please check the appropriate boxes. If you answered yes, please list the course(s) and attach documentation.

EPA YES ☐ NO ☐ Another State YES ☐ NO ☐

Course(s) _____ Name of State _____

I certify that the information in this application is accurate and that all accredited courses will comply with all applicable regulations.

Signature _____ Title _____ Date _____

Contact(s) _____ Or _____

**TO REPORT WASTE, FRAUD, OR ABUSE BY ANY D.C. GOVERNMENT OFFICE OR OFFICIAL,
CALL THE INSPECTOR GENERAL ON 1-800-521-1639**

Revised 8/25/05

Government of the District of Columbia
Department of Health
Environmental Health Administration



CLEAN HANDS SELF-CERTIFICATION FORM

TO THE APPLICANT: Please read this form carefully and completely before signing. The District Government shall not issue or reissue any license or permit if the applicant owes more than \$100 in outstanding debt to the District of Columbia. A false statement on this certification requires that the Department of Health, Environmental Health Administration, proceed immediately to revoke the license or permit for which you are now applying and fine you \$1,000. This certification form is required to be completed and submitted with any application for a license, certification, and/or permit or renewal by the "*Clean Hands Before Receiving a License or Permit Act of 1996*," effective May 11, 1996, as amended (D.C. Law 11-118, D.C. Official Code §§ 47-2861 et seq.).

I, _____, as _____, certify that _____
(Name) (Owner/partner/corporate officer) (Business name)

trading as _____ at _____ using business tax number _____,
(Trade name) (Business address) (FEIN/SSN)

As of the date below, does not owe more than one hundred dollars (\$100) to the District of Columbia Government as a result of:

1. Fines, penalties, or interest assessed pursuant to the Litter Control Administration Action of 1985, effective March 25, 1986, as amended (D.C. Law 6-100; D.C. Official Code §§ 8-801 et seq.);
2. Fines, penalties, or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective November 20, 1983, as amended (D.C. Law 10-62; D.C. Official Code §§ 9-901 et seq.);
3. Fines, penalties, or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1986, as amended (D.C. Law 6-42; D.C. Official Code §§ 2-1801.01 et seq.);
4. Past due District of Columbia taxes;
5. Past due District of Columbia Water and Sewer Authority service fees; or
6. Fines, penalties, or interest assessed pursuant to Traffic Adjudication Act, Title 50, Chapter 23, of the D.C. Official Code.

I understand that a signed and dated *Clean Hands Self-Certification Form* is required as documentation to accompany my application for a license, license endorsement, certification, and/or permit. I understand that by completing and submitting this form, I am not guaranteed that my license, certification, or permit will be approved.

I understand that the Department of Health and/or the Department of Consumer and Regulatory Affairs may conduct an investigation to ascertain the veracity of the information contained in this *Clean Hands Self-Certification Form*.

I understand that if I knowingly provide false information on this *Clean Hands Self-Certification Form*, the Department of Health, Environmental Health Administration, will proceed immediately to revoke each license, certification, or permit for which I am applying, and to fine me one thousand dollars (\$1,000).

SIGNATURE OF APPLICANT and TITLE

FEN/SSN

DATE

For assistance with this form, please call (202) 535-1934

(Rev June 2005)